This form is approved by the Illinois Supreme Court and is required to be accepted in all Illinois Circuit Courts.

| STATE OF ILLINOIS, CIRCUIT COURT COUNTY | | MOTION TO CONTINUE OR EXTEND TIME | For Court Use Only | | | | |
|--|--|--------------------------------------|--------------------|--|--|--|--|
| Instructions ▼ Enter above the county name where the case was filed. Enter the name of the person who started the lawsuit as Plaintiff/Petitioner. Enter the name of the person being sued as Defendant/Respondent. Enter the Case Number given by the Circuit Clerk. | V. | ioner (First, middle, last name) | Case Number | | | | |
| In 1, check if you are the Plaintiff/Petitioner or Defendant/Respondent. In 2, check the box if you are asking the court to continue (reschedule) a court date that has already been scheduled. In 2a, check the reason for the court date you are asking the court to continue (reschedule). In 2b, enter the date and time of the court | 1. Motion by: Plaintiff/Petitioner Defendant/Respondent 2. I am asking the court to continue (reschedule) a court date that has already been scheduled. a. Reason for court date: Motion Trial Status Other b. Date: at a.m p.m. c. I need a continuance because: | | | | | | |
| date you are asking the court to continue (reschedule). In 2c, explain why you need to continue (reschedule) the court date. In 3, check the box if you are asking for more time to do something (e.g. file an <i>Answer</i>). In 3a, explain what you are asking for more time to do. | a. In who should be as a second of the secon | | | | | | |
| you are asking the judge to give you until. In 3c, explain why you need more time. | | | | | | | |

| | | | | Enter the C | ase Number given | by the Circ | cuit Clerk: | | | |
|---|----------|--|-------|--|------------------|------------------|---------------------|--------------------------|------------------|--|
| Under the Code of Civil Procedure, 735 ILCS 5/1-109, making a statement on this form that you know to be false is perjury, a Class 3 Felony. | ur by | - | at ma | king a false s | | his form | | e is true and corr | | |
| After you finish this form, sign and print your name. | | Print Your Name Telephone | | | | City, State, ZIP | | | | |
| Enter your complete current address and telephone number. | Τε | | | | | _ | | | | |
| In 2, enter the date you send this form to the other parties. You must send this form by 5:00 o.m. on the same day it was filed with the Circuit Clerk. | 1. 2. | oof of Delive I am sendin At or before | g the | P.M. on: | ontinue Or Exte | end Time | ·. | , 20 | - | |
| in 3, enter the full name and address of the parties or lawyers you are sending a copy of this form, and check if you will send copies of this form by hand, by mail, or by email. If a party has a lawyer, you must send a copy of this form to the awyer. CAUTION: You may only send this form by email if the other party has a greed to receive | 3. | To: Name: Address: | Firs | | | ddle | City | Last State | ZIP | |
| | | Email: By: Name: | | Hand Delive Regular, Fir Email | - | deposite | — d into the U. | S. Mail with posta | age paid. | |
| | | | Firs | st | Mic | ddle | | Last | | |
| documents in the awsuit by email. | | Address: Email: By: | Stre | eet, Apt # Hand Delive Regular, Fir Email | = | deposite | City d into the U. | State S. Mail with posta | ZIP age paid. | |
| | | Name: | | | | | | | | |

First

Street, Apt #

Email

Hand Delivery

Address:

Email: By: Middle

Last

State

ZIP

City

Regular, First-Class Mail, deposited into the U.S. Mail with postage paid.

| Enter the Case Number given by the Circuit Clerk: |
|---|
| I certify that everything in the <i>Proof of Delivery</i> is true and correct. I understand that making |
| false statement on this form is perjury and has penalties provided by law under |
| 735 ILCS 5/1-109. |
| |

Under the Code of Civil Procedure, <u>735</u> <u>ILCS 5/1-109</u>, making a statement on this form that you know to be false is perjury, a Class 3 Felony.

The person who delivers the court documents to the other parties must sign this form and enter their full name, complete current address, and telephone number.

| Your Signature | Street Address |
|-----------------|------------------|
| Print Your Name | City, State, ZIP |
| Telephone | |